SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549/

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hours per form.....16



182 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

FORM D

	•			
SEC USE ONLY				
Prefix		Serial		
DA'	TE RECEIV	/ED		

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Purchase of Class A Ordinary Shares in	ChrysCapital V, LLC (the	"Fund")				
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Œ Rule 50e	5	Section 4(6)	ULOE
Type of Filing:		New Filing			Amendment	
	A. BA	SIC IDENTIFICATION	DATA			
1. Enter the information requested about	the issuer					
Name of Issuer ( check if this is an amer	dment and name has change	ed, and indicate change.)			18.1.	PROCESSE
ChrysCapital V, LLC						
Address of Executive Offices	(Number and	Street, City, State, Zip Co.	ie) Telephone l	Vumber (	Including Area Code	e) CCD 9 access
IFS Court, Twenty Eight, Cybercity, Ebo	(230) 467 3	000		" SEP 2 8 2007		
Address of Principal Business Operations ( (if different from Executive Offices)	Number and Street, City, Sta	ate, Zip Code)	Telephone l	Vumber (	Including Area Code	THOMSON
Brief Description of Business					-	HNANGIAL
Private equity investment fund						
Type of Business Organization						
☐ corporation	limited partnership, alre	ady formed	🗷 other:	limited l	liability company, s	ilready formed
□ business trust	☐ limited partnership, to b	e formed				
Actual or Estimated Date of Incorporation	or Organization:	Month 6	<u>Year</u> 2007	03	Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)				FN		

#### GENERAL INSTRUCTIONS

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	Managing Shareholder of the Fund (the "Managing Shareholder")
Full Name (Last name first,	if individual)				Similari ,
ChrysCapital Management					
Business or Residence Addre	•				
IFS Court, Twenty Eight, (					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director of the Fund	Other
Full Name (Last name first, i Dev Joory					
Business or Residence Addre IFS Court, Twenty Eight, (	•				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director of the Fund	☐ Other
Full Name (Last name first, i Fareed Soreefan	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			<u> </u>
IFS Court, Twenty Eight, (	Cybercity, Ebene,	Mauritius	•		
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	Director of the Fund	Other
Full Name (Last name first, i Ashish Dhawan					
Business or Residence Addre IFS Court, Twenty Eight, O	•				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Other
Full Name (Last name first, i	if individual)				
Harvard Management Priv					
Business or Residence Addre	•	treet, City, State, Zip Code)			
Cheek Bay(es) that Apply	<u> </u>		<b>П</b> ъ 1 0 m	Пп	Под
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Other Other
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Other
Full Name (Last name first, i	if individual)				<del></del>
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			<del></del>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Other
Full Name (Last name first, i			<u> </u>		
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Other
. , , , , , , , , , , , , , , , , , , ,					

☐ Executive Officer

Director

☐ Other

1052870 v1/SF Page 2 of 6

☐ Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

2. Enter the information requested for the following:

#### B. INFORMATION ABOUT OFFERING

J.	Has the issuer so	id, or does the iss	suer intend to	sell, to non-	-accredited i	nvestors in ti	nis offering?	*		******	Y es N	0 <u>X</u>
Answer also in Appendix, Column 2, if filing under ULOE.												
2.	2. What is the minimum investment that will be accepted from any individual?								ble			
3.	3. Does the offering permit joint ownership of a single unit?								Yes X N	o		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicit of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer you may set forth the information for that broker or dealer only.  NOT APPLICABLE							cred with the					
Ful	l Name (Last name	first, if individu	al)								- <del>i</del> -	
D	.: D:d	A 4d (Nt)		Cian Cana	7:- C-4-\							
bus	siness or Residence	Address (Numb	er and Sireet,	City, State,	Zip Code)							
Nar	ne of Associated B	roker or Dealer										·-
	tes in Which Person											TI A 11 Ct-A
(Cn [AI	eck "All States" or		[AR]	[CA]	[CO]	[CT]	[DE]	IDCI	[FL]	[GA]	[HI]	All States
(IL		[AZ]	(KS)	[KY]	[LA]	[ME]	[MD]	[DC] [MA]	[MI]	[MN]	[MS]	[MO]
[M		, ,	(NH)	נאן נאן	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ĮRI	-	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[VA]	(WV)	[WI]	[WY]	[PR]
-	l Name (Last name											
Bus	siness or Residence	Address (Numb	er and Street,	City, State,	Zip Code)							
Nar	ne of Associated B	roker or Dealer										
	tes in Which Person											
(Ch	eck "All States" or	check individua	l States)		• • • • • • • • • • • • • • • • • • • •	••••••	•••••					All States
[AI	.) [AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IIL,	[IN]	(lA)	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M			[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	(ОН)	[OK]	[OR]	[PA]
[RI	SC] Name (Last name	[SD]	ITN]	[TX]	(UT)	[VT]	[VA]	[VA]	[WV]	įwij	[WY]	[PR]
1 41	i italiic (Last lialiic	mot, ii maividu	<b>μ</b> ι)									
Bus	siness or Residence	Address (Numb	er and Street,	City, State,	Zip Code)		_					
Nai	me of Associated B	roker or Dealer										
Sta	tes in Which Person	n Listed Has Soli	icited or Inten	ds to Solici	t Purchasers							
(Ch	eck "All States" or	check individua	l States)		•••••							All States
[AI	J AKI	[AZ]	[AR]	[CA]	(CO)	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]
ĮΙĹ	] [IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(M	T] [NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
(RI	j įscį	[SD]	JTNJ	[XT]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

1052870 v1/SF Page 3 of 6

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. transaction is an exchange offering, check this box \( \Pi \) and indicate in the columns below the amounts of the amounts of the columns below the columns below the amounts of the columns below the column		
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt	\$	\$
	Equity	\$	s
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	\$	s
	Other (Specify: Class A Ordinary Shares)	\$1,250,000,000.00	\$1,250,000,000.00
	Total	\$1,250,000,000.00	\$1,250,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount of Purchases
	Accredited Investors	156	\$1,250,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505		\$
	Regulation A		\$
	Rule 504		s
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	· 🗖	<b>s</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$ <u>500,000.00</u>
	Accounting Fees	<b>:</b>	\$50.000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (Specify)		\$
	Total	<b>E</b>	\$550,000.00

C. OFFERING PRICE, NUMBER OF IN	IVESTORS, EXPENSES AND	USE OF PROCEEDS	
<ul> <li>Enter the difference between the aggregate offering price given in furnished in response to Part C – Question 4.a. This difference is</li> </ul>			\$1,249,450,000.00
<ol><li>Indicate below the amount of the adjusted gross proceeds to the issuer use If the amount for any purpose is not known, furnish an estimate and check payments listed must equal the adjusted gross proceeds to the issuer set for</li></ol>	the box to the left of the estimate	e. The total of the	
	•	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees	***************************************	□ s	□ s
Purchase of real estate	***************************************	□ s	□ s
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s
Construction or leasing of plant buildings and facilities	***************************************	□ s	□ s
Acquisition of other businesses (including the value of securities involved in the in exchange for the assets or securities of another issuer pursuant to a merger).		□ s	□ s
Repayment of indebtedness		□ s	□ s
Working capital (a portion of the Working capital will be used to pay varie Managing Shareholder over the life of the Fund, payable to ChrysCapital LLC which serves as the Managing Shareholder of the Fund)	Management Company V,	<b>S</b>	£ \$1,249,450,000.00
Other (specify):		□ s	□ s
			□ s
Column Totals			₩S1,249,450,000.00
Total Payments Listed (column totals added)		₩\$1,249,45	
	<u> </u>	<u>0,000.00</u>	
	100		
D. FEDI	ERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly aut an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cornon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	horized person. If this notice is f nmission, upon written request o	iled under Rule 505, the fol f its staff, the information fo	lowing signature constitutes irnished by the issuer to any
Issuer (Print or Type) ChrysCapital V, LLC	Signature	not !	Sep T 0,2007
Name of Signer (Print or Type)  ABLOOD FAREED SOREEFAD	Title of Signer (Print or Type) Director of ChrysCapital V, L	LC (	l

ATTEN	NOITE
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE					
ı.	Is any party described in 17 CFR 230.262 presently subject to any of the	isqualification provisions of such rule?				
	See Appendix,	Column 5, for state response.				
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.					
3.	The undersigned issuer hereby undertakes to furnish to any state administ	ators, upon written request, information furnished by the issuer to offerees.				
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.					
	The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.					
Issu	uer (Print or Type) Sig	nature Date				
Ch	rysCapital V, LLC	F 2007				
Nar	me (Print or Type) Tit	e (Print or Type)				
ABDOOL FAREED SOREEFAN		Director of ChrysCapital V, LLC				

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1052870 v1/SF

Page 6 of 6

